

Groupnet User access authorization/termination form

Instructions: To be completed by the Plan sponsor/Trustee. For questions on this form please contact the Lincoln Groupnet Support Team at 800-454-6265, extension 7179, option 2.

General plan information		
Plan name		
Address		
	State	Zip
	Email address	
Step 1: Provide User information (all fit	elds required for proper authorization)	
Please grant access to the Lincoln Groupnet (Complete all information below and continue to ste		
Name of requested User:		
User's phone number:		
User's fax number:		
Relationship to the plan:		
(i.e. payroli specialist,	human resources, office manager, etc)	
Step 2: Provide User access authoriz	ation permission level	
Select one (Continue to step 3 below):		
☐ Submit contribution data only. Will not ha	ave access to participant or plan balances, or pla	in reports.
☐ Submit contribution data and is authorized	ed to access participant and plan balances, and p	olan report.
Access to participant and plan balances,	and plan reports, but not authorized to submit co	ontributions.
Step 3: Termination of any other User	raccess	
Should any existing User access linked to the	e plan be deleted?	
If yes, please provide the User ID and Name	that should be deleted:	
	Name:	
Authorization		
authorized User and/or terminate access of a	ee, authorize Lincoln Retirement Service Comp n existing User to the Lincoln Groupnet website for r associated with this Plan, it is my responsibility	or the Plan named above. I understand that
Plan sponsor/Trustee signature		Date
Title		
Note: Lincoln discourages the sharing of	User IDs and Passwords to protect the securi	ity of the plan's data.
Return this form: By e-mail: c/o Lincoln Grou	upnet Support, LLGroupnet@LFG.com	
or By fax: c/o Lincoln Groupn	net Support 260-455-4212	
by iax. 0/0 Lincoln Groupi	101 Ouppoil, 200 700 72 12.	

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